

Research Update is published by the Butler Center for Research to share significant scientific findings from the field of addiction treatment research.

RESEARCHUPDATE

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The Importance of Continuing Care

Alcohol and drug dependence are chronic conditions that are often characterized by relapse to using. Thankfully, treatment is effective in restoring lives. But an initial treatment episode is only the beginning of a lifelong journey of recovery. Ongoing care can be critical in maximizing a person's chance of sustaining long-term abstinence. This issue of *Research Update* reviews the research literature on the impact of continuing care on treatment outcomes.

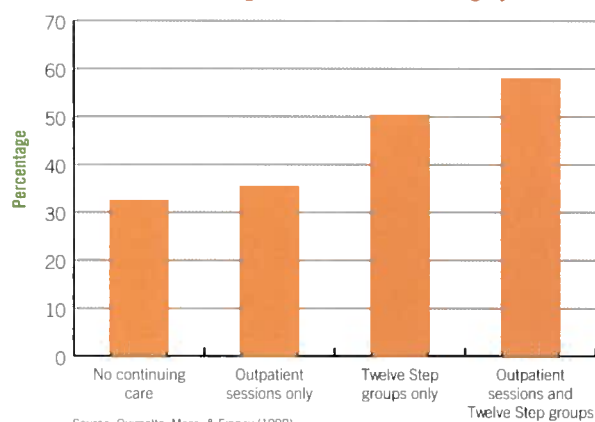
Continuing Care Programs

Many people in residential or outpatient addiction treatment programs are referred to some type of ongoing care after completing treatment. Based on an individual's needs and support network, referrals may be made to extended care programs, transitional programs (also known as halfway houses), sober residences, or continuing care programs. Continuing care, also known as aftercare, stepped down care, or extended intervention, typically involves one to two outpatient sessions per week for several months following completion of a more intensive treatment program.

The Effectiveness of Continuing Care

In general, continuing care is related to improved substance use outcomes following treatment (Donovan, 1998; McKay, 2001; Moos & Moos, 2003). A large-scale study conducted by Ouimette, Moos, and Finney (1998), for example, examined outcomes among 3,018 male veterans in residential treatment who later attended outpatient sessions only, Twelve Step groups only, outpatient and Twelve Step groups combined, or no ongoing care. Because motivation for ongoing treatment impacts outcomes, analyses were statistically controlled for motivation levels. Veterans who participated in some type of ongoing services, whether outpatient and/or mutual-help groups, had better outcomes than those who did not attend any services (see Figure). In addition, support was found for the duration of services, with those participating in continuing services for nine months or longer having the best outcomes.

Figure. Abstinence at one year by continuing care attendance category



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THE HAZELDEN EXPERIENCE

The staff at Hazelden knows the value of continuing care. Outcomes data consistently show better results for those patients who receive ongoing services. Hazelden offers a continuum of services including prevention, treatment, extended care, transitional programs, a sober residence, and continuing care groups. Following treatment, recovery-focused services include a Web-based program called MORE, or My Ongoing Recovery Experience. Combined with alumni meetings and events, these programs are designed to help individuals find and sustain ongoing recovery.

QUESTIONS & ANSWERS

Question: How long does someone need to participate in continuing care?

Answer: Although there are no hard and fast rules about length of continuing care, several studies show the longer the duration over time, the better the outcome. While the first six months after intensive treatment are critical, initial research suggests even longer durations of care may be of benefit (McKay, 2005).

HOW TO USE THIS INFORMATION

- **People receiving treatment:** Carefully consider your counselor's recommendations for care after treatment. The longer the duration of ongoing care you receive, the better your long-term health.
- **Family members:** Support your loved one in his or her continuing care efforts. While it may mean extra time away from home, your loved one will benefit from the ongoing care and, as a result, so will you and your family as a whole.
- **Providers:** Utilize proven strategies to improve continuing care initiation and attendance among your patients.

The Importance of Continuing Care

A later study by Ritscher, Moos, & Finney (2002) also controlled for initial motivation levels and found an effect for ongoing care. The scientists examined outcomes among 2,085 male veterans. Outpatient care and mutual-help group participation in the first year after intensive treatment were related to a greater likelihood of abstinence or reduced substance use at the two year follow-up.

Sannibale and colleagues (2003) randomly assigned 77 alcohol and/or heroin dependent patients in residential treatment to a structured or unstructured aftercare condition. Those assigned to structured aftercare participated in nine sessions over a 6-month period following discharge from treatment. Those in the unstructured condition had crisis counseling available to them as needed with no other services provided. During the 6-month follow-up period, those assigned to the structured aftercare condition had one-third the rate of substance use compared to those in the unstructured condition.

Strategies to Improve Attendance

Because attendance in continuing care is related to better outcomes (McKay et al., 1998), research attention has turned to studying methods to improve attendance among enrollees (Lefforge, Donohue, & Strada, 2007). The first challenge is related to initiation, or the extent to which people who are referred to continuing care services attend the first session. Once a person initiates continuing care, the next challenge is to enhance the likelihood of ongoing attendance or engagement.

Several strategies are effective in improving both initiation and engagement rates. Chutuape, Katz, and Stitzer (2001) randomly assigned 196 detoxification patients to a standard referral to aftercare, to a standard referral plus an incentive, or to receive an incentive and staff escort from a detoxification facility to aftercare via shuttle bus. More patients in the escort and incentive conditions completed the first intake session at the aftercare facility than those in the other group.

Lash and colleagues have examined the impact of attendance prompts, attendance feedback, and social reinforcement in increasing initiation and engagement. In one randomized trial (Lash & Blosser, 1998), 41 veterans received either a) attendance prompts and feedback, or b) a typical referral to aftercare. Those in the prompt and feedback group were mailed a welcoming letter from the continuing care counselor prior to the first appointment. Following initiation, appointment cards were mailed and phone calls were made to patients prior to each session. The appointment cards contained feedback about the number of sessions an individual had attended or missed. Those who missed a session were sent a handwritten note and were called by phone. Those in the prompts and feedback condition were significantly more likely to initiate aftercare and attended more sessions than those in the usual referral group.

Lash and colleagues (2001) also examined the impact of social reinforcement on attendance. Among 81 male veterans, those who received verbal praise in sessions and certificates of attendance attended more continuing care groups than those who did not. A later quasi-experimental study of 40 treatment graduates (Lash et al., 2004) found that social reinforcement not only worked to increase attendance, but those in the social reinforcement group had greater abstinence rates at six months.

Researchers at Chestnut Health Systems have examined the impact of an Assertive Continuing Care (ACC) protocol for youth whereby case managers conduct at-home visits to improve con-

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tinuing care adherence (Godley et al, 2006). Adolescents assigned to ACC were more likely to link to continuing care services than those assigned to a standard referral condition and had substantially reduced marijuana use (the most commonly used substance) during a 9-month period.

Summary

Continuing care promotes the gains made during initial treatment for alcohol and drug dependence and increases an individual's chances of long-term abstinence. Several strategies, ranging from attendance reminders and recognition to at-home visits, have been shown to increase initiation and attendance in ongoing care.

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The Butler Center for Research informs and improves recovery services and produces research that benefits the field of addiction treatment. We are dedicated to conducting clinical research, collaborating with external researchers, and communicating scientific findings.

Valerie Slaymaker, Ph.D., Executive Director

If you have questions, or would like to request copies of Research Update, please call 800-257-7800 ext. 4405, email butlerresearch@hazelden.org, or write BC 4, P.O. Box 11, Center City, MN 55012-0011.